



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

*COMMUNICABLE DISEASE EPIDEMIOLOGY*

*1610 N.E. 150<sup>th</sup> Street • Shoreline, WA 98155-9701*

14 May 2009

To: Washington State Association of Local Public Health Officials  
Local Health Jurisdiction Communicable Disease Investigators  
Re: Changes in Influenza Surveillance

Dear colleague,

Thank you for your tremendous efforts over the past three weeks. Because of you, we immediately identified many illnesses due to the new influenza A H1N1 (A/SWH1) virus and were able to put in place many sensible disease control measures.

In addition, I would like to share with you the preliminary epidemiologic findings in a slide set prepared from data from 194 confirmed and probable cases that you submitted to DOH over the past three weeks (sent separately). Although these are preliminary data, at least two things should be noted.

- There were at least 3 confirmed A/SWH1 cases present in Washington within 2 days of CDC's first reports of a novel virus on April 21, 2009.
- There appears to be increased risk of illness among older children and adolescents.

Because it appears that A/SWH1 is now part of our endemic influenza virus population and there is concern that it will increase in virulence before next flu season, we are proposing long-term influenza surveillance to monitor the presence of the virus in Washington. This will allow measurement of the impact and disease severity in well recognized at-risk groups to assess their need for new vaccine components that may be available in the fall.

Below are three surveillance systems that we propose for the next 12 months although they will likely be modified in the next flu season. All three will result in testing for A/SWH1 at the Washington State Public Health Laboratories (PHL). In addition to these three methods, after consultation with staff in PHL or the Communicable Disease Epidemiology Section, local health jurisdictions (LHJs) have the option of submitting samples to PHL.

The three systems are:

1. Lab-Based Surveillance: Selected laboratories will be asked to submit influenza A-positive samples to PHL. This is separate from the healthcare provider reporting system.
  - PHL will no longer request that all labs submit Flu A-positive specimens to PHL.
  - PHL will identify five laboratories throughout the state that will send PHL a limited number of Flu A-positive specimens.
  - These samples may be from hospitalized persons or outpatient settings.
  - A periodic summary of the results will be prepared and distributed to the LHJs.

2. ILI-Net Sentinel Providers: A limited number of ILI-Net sentinel providers in geographically-strategic sites will be asked to collect specimens on patients with influenza-like illness (ILI). The specific sampling strategy will be determined with these providers.
3. Healthcare Provider Reporting: Healthcare providers and facilities will be asked to report the following groups of patients to LHJs and submit specimens for A/SWH1 testing.
  - Unexplained deaths possibly due to A/SWH1 virus
  - Hospitalized patients with severe respiratory illness and a positive Flu A test (or a negative test if clinical suspicion for A/SWH1 infection is high)
  - Outpatients with ILI and a rapid Flu A-positive test with one of the following criteria:
    1. Children <5 years old;
    2. Adults  $\geq 65$  years old;
    3. Healthcare workers; or
    4. Pregnant women.

These are groups that traditionally receive influenza vaccine in the United States. CDC is interested in determining the impact of A/SWH1 on these populations in order to better shape vaccination policy in the coming influenza season. Outpatient surveillance for A/SWH1 in these groups will be re-evaluated in two to three months to determine its utility.

#### Investigations for Confirmed and Probable A/SWH1 Cases

The changes in testing strategy described above will reduce the number of laboratory-confirmed cases reported to LHJs. DOH recommends that LHJ staff complete the case report form for confirmed and probable cases in the following categories:

- Deaths
- Hospitalized patients
- Children <5 years old
- Adults  $\geq 65$  years old
- Healthcare workers
- Pregnant women

Of course, additional investigations can be performed per LHJ discretion.

Again, I wish to thank you for your efforts over the past three weeks and we will look forward to working with you to continuously improve state-wide influenza surveillance.

Very Respectfully,

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